TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-C	ERTIFIC	ATE	OF	DEATH
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	- RIOTO
County Moulgomery	Registration Dist. No. 27
1	
Village of City Cathery	(If death occurred in a hospital or fishitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	nos. / ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME David aitchess	If U. S. Veteran, specify WAR
(a) Residence: No. 3806 albeman Sp.	Washingt Ward De
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male white OR DIVORCED (write the word)	Mounth (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attanded deceased from
(or) WIFE of	November 17, 1935, to november 18, 1935
6. DATE OF BIRTH (month, day, and year) Sec. 5, 1909	I last saw h searce aliva on Reversibles 18, 19.33 death is said
7. AGE Yaers Months Days If LESS than	to have occurred on the date stated above, at 2:35 A-m.
24 11 12 1day,hr	The FRINCIPAL CAUSE OF DEATH and falated causes of importance
8 Trade profession or particular	Fracture of Skull Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Compound fracture of 11-17-3.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date dacaasad lest worked at this occuration (month and	lower Jaw
10. Date decassad lest worked at this occupation (month and year) this occupation occupation	
12. BIRTHPLACE (city or town) alebaustice	Other Contributory Causes of Importanca:
(State or country)	(-1/-5-
13. NAME S. W. Ceitcheson	
13. NAME S. 21. Ceitcheson. 14. BIRTHPLACE (city or town). Cleyarchie	Name of oparation Data of
(State or country) Va.	What tast confirmed diagnosis? Exquesional was there an autopsy? No.
15. MAIDEN NAME Edua Reed	23. If death was dua to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Edera Cercl 16. BIRTHPLACE (city or town). Clepharedria	Accident, suicida, or homicida? Geerdent Date of injury 11-17 1935
(State or country)	Where did injury occur? Factbers Cruy - Rockville Pik
17. INFORMANT Hospital Records. (Address)	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury Quetomobile Occident
Pleca Warke UK Data / - 193	Nature of Injury Occidental
19. UNDERTAKER MONVAL K Frbler	24. Was disease or injury in any way related to occupation of decassed? 200
(Address) 42(7, 92) N	If so, specify
20. FILED Nov- 18, 1935, C. N. Samely Registrar.	(Signed) A. M. D. (Address) Saudy Spring Md.
If more blanks are needed, address State Registra	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1		
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1 1998	Other contributory causes of importance:	1 year
	1921	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

state

OCCUPA.

1. PLACE O

2. FULL NA

5a. If marriad, widow HUSBAND of (or) WiFE of

6. DATE OF BIRTH

8. Trade, profes

9. Industry or work was SAW MIL 10 Data daceas

12, BIRTHPLACE (ci (State or con

CREMATION.

3. SEX

7. AGE

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CT.LTT OF		AEDELEIGATE AE DE 1	2401
STATE OF	MARYLAND-	CERTIFICATE OF DEATH	3134
PLACE OF DEATH		(3)	3
County Montgomery		Registration Dist. No.	1 - 3
Village or City Lo fama	Park	No. /// Lucolus ave st, f death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where peat		ds. How long In U.S. if of foreign birth?r	
FULL NAME Telia 6.	alsop	If U.S. Veteran specify WAR	2 10 70 3 11 12 3 17 40 11 11 11 11 11 11 11 11 11 11 11 11 11
(a) Residence: No/// Zine	(Usuaf place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OBRACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 26 (Month) (Day)	, 193 5 (Year)
narriad, widowad or divorced USBAND of James 2, Wife of James 2, Wife	orp.	22. HEREBY CERTIFY, That attended	
E OF BIRTH (month, day, and yearle)	28-1870	liast saw h M2 aliva on 1/1261	; death is said
Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	anl	Haminoin	Date of onset
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc		2	
Data daceasad last worked at this occupation (month and year)	11. Total tima (years) spant in this occupation		
THPLACE (city or town)	braina Co Ja.	Other Coatributory Cadises of Importance:	
NAME Cerviewet	Lando		

13. NAME f4, BIRTHPLACE (city_or town) (Stata or country) 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury 19__ 16. BIRTHPLACE (city of town) (State or country Where did Injury occur? ... (Specify city or town, county and State)
Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

24. Was disease or injury In any way related to occupation of decaesed? If so, specify

(Signed).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registra V. S. No.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUMPREU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH	
County MORTGOMERS	Registration Dist. No. 214
Village or City Woodside	NoSt.,Ward
Length of residence in city or town where deeth occurredyrs,mo	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME MARY WILSON BELT	If U. S. Veteran, specify WAR
(a) Residence: No. 9019 - 157 Ay (Cual place of abode)	St., Ward, If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) VID OWED	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of SAMUEL SPRICE BELT	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) SEPT. 2 /858 7. AGE Years Months Days if LESS than	I last saw h_elve on
77 2 2 1 day,hrs 2 8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related couses of importence were as follows:
No. Hade, profession, or particular kind of work done, es SPINNER, RETIRED	Mandan
S. Hade, professing, the particular wind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	myak while Degeneration
10. Date deceased lest worked at this occupetion (month and year) this occupetion	
12, BIRTHPLACE (city or town)	Other Centributory Causes of importance:
13. NAME RICHARD T. WILSON	
13. NAME RICHARD T. WILSON 14. BIRTHPLACE (cily or town) (Stale or country) MARYLAND	Name of operation Date of What test confirmed diagnosis? Wes there an aulopsy?
15. MAIDEN NAME LAURA CANBY	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME LAURA CANBY 16. BIRTHPLACE (city or town) (Stete or country) MARYLAND	Accident, suicide, or homicide?
17. INFORMANT Mrs. Clarle (niece) (Address) Silver Spring Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, enemation, or removat Place draca Church Compley 100. 25 1, 1935	Manner of injury
19. UNDERTAKER WARNER E PUMPHREY (Address) ROCKYILLE, MA	24. Was disease or injury in any wey related to occupation of deceased?
20. FILEDUOIS. 24, 1935 J-8, Wardlund Register.	(Signed) M. D. (Address) 8 72 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
If more blanks are needed, address State Registrat	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related cau	Ises Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC. 7 19	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUBERS! \	July 5,1927	Peritonitis	3 days ago
Other contributory causes of Gallstones	f importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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INK-TIII	GE should be	hat it may be	ns on back of
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UNFADING INK-TIII	upplied. AGE should be	terms, so that it may be	instructions on back of
I UNFADING INK-TIII	supplied. AGE should be	in terms, so that it may be	see instructions on back of
TH UNFADING INK-TIII	ly supplied. AGE should be	lain terms, so that it may be	See instructions on back of
VITH UNFADING INK-TIII	ully supplied. AGE should be	plain terms, so that it may be	it. See instructions on back of
WITH UNFADING INK-TIII	refully supplied. AGE should be	in plain terms, so that it may be	ant. See instructions on back of
Y, WITH UNFADING INK-TIII	carefully supplied. AGE should be	'H in plain terms, so that it may be	ortant. See instructions on back of
VLY, WITH UNFADING INK-TIII	e carefully supplied. AGE should be	ATH in plain terms, so that it may be	aportant. See instructions on back of
INLY, WITH UNFADING INK-TIII	be carefully supplied. AGE should be	EATH in plain terms, so that it may be	important. See instructions on back of
CAINLY, WITH UNFADING INK-THI	ild be carefully supplied. AGE should be	DEATH in plain terms, so that it may be	ry important. See instructions on back of
PLAINLY, WITH UNFADING INK-TIII	ould be carefully supplied. AGE should be	OF DEATH in plain terms, so that it may be	very important. See instructions on back of
E PLAINLY, WITH UNFADING INK-TIII	should be carefully supplied. AGE should be	OF DEATH in plain terms, so that it may be	s very important. See instructions on back of
ITE PLAINLY, WITH UNFADING INK-TIII	on should be carefully supplied. AGE should be	SE OF DEATH in plain terms, so that it may be	I is very important. See instructions on back of
RITE PLAINLY, WITH UNFADING INK-TIII	tion should be carefully supplied. AGE should be	USE OF DEATH in plain terms, so that it may be	ON is very important. See instructions on back of
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

N. B.-WRITE

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 13136
1. PLACE OF DEATH	93-2
County Montgomery	Registration Dist. No. 2/6
Village or City 13 The dae	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ida & Bolton	
0. 0 0 1 2	If U. S. Veteran, specify WAR
(a) Residence: No. Twee Kond, Bethington Mrd (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH Sovember 14 (Month) (Oey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Nov 2 1935 to Nov 14 1935
6. DATE OF BIRTH (month, day, and year)	liest saw her elive on Nov 14 1935 death is said
7. AGE Years Months Oeys If LESS then	to have occurred on the data stated above, at 8 3 m.
79 9 29 1 day, hrs	ware on follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	arteriosclerosis Deteofonet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate daceesed last worked et this occupation (month and second last worked)	
10. Oate dacessed last worked et this occupetion (month and year)	
12. BIRTHPLACE (city or town)(Stete or country) Mary (run)	Other Contributory Causes of importance: (Chomics)
13. NAME George W Balton	
13. NAME Gran W Balton 14. BIRTHPLACE (city of town) (State or country) Mary (2007)	Neme of operation Dete of Dete of What test confirmed diagnosis? Wes there an autopsy? A
15. MAIDEN NAME Feeldal alland	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Acidada alland 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide? Oate of injury 19
17. INFORMANT Sagarunce O (Boston Son)	Where dld injury occur? (Specify city or town, county and State) Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of injury
Place Galomac Date Nov 17, 1934	
19. UNDERTAKER Haren E. Pennythrey	24. Was disease or injury in any wey ralated to occupetion of decessed?
20. FILEO /// L. 19 B. C. Perry non Registrar.	(Signad) Alleger Monthson M. D. (Address) To Do Cherry Lago Mande
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Chevy Chase

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	model
May 1,1923	Gastroenteritis	1 year
		100
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

of OCCUPA-

STATE OF	MARYL	AND-C	ERTIFIC	ATE	OF	DEATH
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13137

1. PLACE OF DEATH	(82-0)
County M oulgomerry	Registration Dist. No. 916
Village or City (Y-ball) Gelyo	NoSt,Ward
Length of residence in city or town where death occurred 45 yrsmo	If death occurred in a horpital or institution, give its NAME instead of street and number) s ds. How long in U.S. If of foreign birth? yrs mos ds.
2. FULL NAME (Daward Frank	Rowell not a Vederan
(a) Residence: No. Yhu Gelw	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Thite Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of (or) WHE of Mary a. Boswell (nee Heaven)	22. Octobe 31 1935 to Moulenter 8 1935
6. DATE OF BIRTH (month, day, and year) April 9 1870	I last saw h 4 alive on Monember 8 , 19 25; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	margage follows: Or DEATH and Jesated Causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, Stack Clark SAWYER, BOOKKEEPER, etc.	Chlorogeleroch C Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. J. Do Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) - 10. Total time (years) spent in this occupation - 16.	
12. BIRTHPLACE (city or town) Potomac (State or country) manufand	Other Contributory Cases of Importance phopley y dcf. 31
13. NAME a. l. Borwell	- James Land
13. NAME (1. Sorwell 14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? ALL 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Frances Dickey 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
17. INFORMANT Souris T. Boswell,	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
(Address) 4520 Stanford St Chury Chose Ma	
Place To Chivelly Dours Date 7 00 11 , 19 38	Manner of Injury
19. UNDERTAKER AM, Pruben Tumphiry (Address)	24. Was disease or injury In any way related to occupation of deceased? No.
2D. FILED // // 1935 B.C. Perry, M. C.	(Signed) France S. Scharfs M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and ewn home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DEC 6 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BURFALL V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of mation should be carefully supplied.

12120

1. PLACE OF DEATH	ND-CERTI	TICATE OF	DEATH	10100
County Morily omery		73)	observation Died Al-	217
Village or City Quely Of Structured Length of residence in city or town where death occurred years		in a hospital or institution, give	its NAME instead of street	t., Ward
2. FULL NAME Seury Bran. (a) Residence: No. Sandy Sprin. (Usual place of abod.	g St.,	If U. S. Veteran, specify Ward.	WARonresident give city or tow	vn and State
PERSONAL AND STATISTICAL PARTICULA	RS	MEDICAL CERTIF	ICATE OF DEA	TH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED. V OR DIVORCED (write Marrie)	e word)	OF DEATH	24	, 193 D
5a. If marriad, widowed, or divorcad HUSBANO of (or)_WIFE,of Allie Provon	22.	I HEREBY CEI	RTIFY, That I at	ended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Oays If		urrad on the data statad above.	11	9; death is said
,// 1 da		PAL CAUSE OF DEATH and ra		e Oate of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, Current June SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as StLK MILL, SAW MILL, BANK, atc. 10. Oata deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town)	Other Contr	Leshalisme He isle of roads ibutory Calves of Importance: Rad Peers dead A fore Exing forer	fell , drunk,	29-11-29-3 into 11-23-3 colong.
14. BIRTHPLACE (city or town) (State or country)		eration		te of
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Selfie Proving Avifor (Addrass) 1909 Christon St Thila (To	23. If daath w Accidant, su Where did in	vas due to axternal causas (VIOI icide, or homlcIde? njury occur?(Spec ther Injury occurred In INOUST	LENCE) fill in also the fo	ollowing:
18. BURIAL, CREMATION, OR REMOVAL Place Out 1/2-9	Manner of In			
19. UNDERTAKER Many & Tumphry (Address)	24. Was disea If so, spacit	ase or injury In any way ralated	to occupation of dacaase	od ho
20. FILEO Mars 9, 1935 C , & Barnel	(Signed	(Addrass) Poele	wille,	red. M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I	-1	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 7 1985	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage . S. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	1
	ECORD. Every	PHYSICIANS	act statement	
וואותווואפ	RMANENT RI	XACTLY.	classified. Ex	
EON DI	HIS IS A PE	be stated E	be properly	of certificate.
MUNICIPALITY OF POR DINDING	ING INK-TI	AGE should	that it may	tions on back
NTI DATE OF	TH UNFADI	lly supplied.	plain terms, so	See instruct
	LAINLY, WI	ald be careful	DEATH in p	TION is very important. See instructions on back of certificate.
	-WRITE P	mation shor	CAUSE OF	TION is ve

B.—WRITE PLAIN

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	
NEATH					

1. PLACE OF DEATH	24
County Monlagmery	Registration Dist. No. 3
Village or City Damaseus	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20 yrs. 8 mos	ds. How long in U.S. if of foreign birth?
2. FULL NAME Moden Claworth I Ma	TWO Y
(a) Residence: No. Samaseux (+ Farmont)	Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 7. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH 74
M. C OR DIVORCED (write the word)	Nov. 23 1935
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of Comanda Trul	22. AHEREBY CERTIFY, That I attended deceased from
01/12/10/00	Deplember 1935, 10 Nov. 23 1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	liest saw have elive on 1500, 1930; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
min.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER January Sawyer, BOOKKEEPER, etc.	Menro Dyphelis Unknown & m.
Andustry or business in which	V-V
work was done, as SILK MILL, SAW MILL, BANK, etc	
yaar) 7 year occupation The	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town) Damaseux	o
(State or country) mg.	
13. NAME Thomas Stown 14. BIRTHPLACE (city or town). Damaseus	
14. BIRTHPLACE (city or town) Dameseus	Neme of operation
(State of country)	What test confirmed diagnosis? Wasserman Wes there an autopsy? 20
15. MAIOEN NAME Margaret Hammond	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME MANAGERS Hammond 16. BIRTHPLACE (city or town) Demandence	Accident, suicide, or homicida? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT CA THEMING (Address) Samuseus ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Thelandship Date W. 79 , 1935	Nature of Injury
19. UNDERTAKER I. B. Beall Inc.	24. Was disease or injury in any way related to occupation of deceased? 200
(Address) Damasena, ma	If so, specify
20. FILED NOV- 25-, 1935- Willa W. Byrdette Left Registrar.	(Signed) Storge M. Horger M. D.
wyy Kighirar.	(and the second

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	ji ji	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A PAREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1314()
County montgony	Designation Dist No. 2 / 7
	Registration Dist. No. 2 / 7
Village or City Omoly Trings	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cassin a. Budd	
(a) Residence: No Sandy Shrings	St., Ward.
(Unual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surice the word)	21. DATE OF DEATH Month) (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(100)
(or) WIFE of William 2 2 mod	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) Left 1840	Clast sew her elive on nov 5th 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10
75 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as tollows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Chronic nephrites inchrony
SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this pecupation (month and this pecupati	
fO. Date deceased last worked at this occupation (month and year) year) 1f. Total time (years) spent in this 7 occupation occupation	
12. BIRTHPLACE (city or town) Non Trong CD	Other Cantributary Canses of importance:
(State or country)	myseardell 1/10/30-
14. BIRTHPLACE (city or town) Work on to	
2 14. BIRTHPLACE (city or town) Montgomy CO.	Name of operation. Date of Date of
(State or country)	What test confirmed diagnosis? Assumustion Was there an autopsy? Tho
I 15. MAIDEN NAME Colore Powell	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Monty on	Accident, sulcide, or homicide? Dete of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Quint to y Sudd	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place and thing Detel DV1 5 ,1933	Nature of injury
f9. UNDERTAKER Af Barker (Address)	24. Was disease or Injury In eny way related to occupation of deceased?
20. FILED TWW 9, 19.35 C. S. Barrely Legistras.	(Signed) Chasles umbleson M. D. (Address) Saudy Sorius Ind.)
	Act I N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Time and a TT

Example 1	11	Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Lake

-WRITE PLA

V. S. No. 1

CAUSE

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

16. BIRTHPLACE (city or town)___Ya (State or country)

15. MAIDEN NAME

19. UNDERTAKER

20. FILED.

(Address)

MOTHER

ا بده	STATE OF	MARYLAND-	CERTIFICATE OF DEATH
state UPA-	. PLACE OF DEATH		
	County Montgomery	,	Registration Dist. N
should of OCC	Village or City POCKVI	1/2	No. Chestnut Ludge Sa
t o	Length of residence in city or town where death		death occurred in a horpital or institution, give its NAME instead
ct statemen	. FULL NAME Mrs. Alice	V Burrley	If U.S. Veteran specify WAR
statement	(a) Residence: No. 820En	nerson St. No. (Usual place of abode)	WSt., Ward. Washing to
xact	PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF
	- / / / / 0	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH Nor 8
ssife	If married, widowed, or divorced HUSBAND of John Bur	reley	22. HEREBY CERTIFY, The Oct 28 1935 to Nov
- cls	DATE OF BIRTH (month, day, and year) Feb	.28.81	I last saw her alive on Nor 8
	AGE Years Months 5 3	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at Single The PRINCIPAL CAUSE OF DEATH and related causes of imwere as follows:
of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	use rrife	Strangulation
PA CA	9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
ons on ba	Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	
	BIRTHPLACE (city or town) Washins	tonD.e.	Other Contributory Causes of Importance:
instru THER	(State or country) 13. NAME John F Den	-lec	Agitated Depress
ee inst	14. BIRTHPLACE (city or town) Yun Sim		Name of operation

Dist. No. E instead of street and number) .yrs....mos.. give city or town and State E OF DEATH (Day) Y. That I attended deceased from ses of importance Date of onset What test confirmed diagnosis? Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify

Registrar. (Address) _____ Cold If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
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Arteriosclerosis - Walter	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PHYSICIANS

stated EXACTLY. classified.

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supplied. in plain terms,

should be carefully

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statement

Exact

FATHER

item of infor-

	Registration Dist. No. 211 No. (Sutuide) St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) 9 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widawed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occuration (month and specific property) 10. Date deceased last worked et this occuration (month and specific property) 11. Totel time (years) speat in this speat in this	21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY, Thet I attended deceased from Month of the principal control of the principal cause of the principal cause of Death and related causes of Importence were esfollows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of Importence were esfollows: Date of onset The principal cause of Death and related causes of Importence were esfollows: Date of onset
10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME	Other Contributory Causes of Importance:

Neme of operation.

13. NAME 14. BIRTHPLACE (city or town)

MOTHER 15. MAIDEN NAME (State or country)

18. BURIAL. 7 ,193 5

19. UNDERTAKER (Address) Qa Q Registrar.

Accident, suicide, or homicide?
Where did injury occur? his home Burslette M. (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Home
Manner of injury 22 rifle

23. If death was due to external ceuses (VIDLENCE) fill In also the following:

Was there an autopsy?_hu

What test confirmed diegnosis?

Nature of injury 24. Wes disease or injury in eny way related to occupation of deceased? If so, specify

(Signed) (Address) ____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitual naphritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
H BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
in T	Desirables Did No.
County County	Registration Dist. No.
Village or City + aux and (II	NOSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20_yrs,bmos	sds. How long in U.S. If of foreign birth?yrsmos,ds
2. FULL NAME I OTOThy Burt	au ua
(a) Residence: No. + aurland	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (perite the word)	(Month) (Day) (Year)
5a. Ir married, widowed, or divorced RUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Obril 30, 1915	I last saw h. serv. alive on Moren len 4., 19.3 5; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2025Cm.
20 6 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.
8. Trade, profession, or perticular	Dete of ones
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	toval Inlumoned my
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et 11. Total time (years)	
this occupation (month and year)	
12, BIRTHPLACE (city or town) Fairland	Other Contributory Canses of Importance:
(State or country)	myocardelis Ida
# 13. NAME Levis Buston	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? & Xanual on Was there an autopsy? _ >2
15. MAIDEN NAME Katie dee	23. If deeth was due to external ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Company and Decidler	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Round Care Mal Date Mars 1 19 35	Manner of injury
77. VI 1001/2 02	Nature of injury ————————————————————————————————————
19. UNDERTAKER Address)	24. Was disease or injury in any way related to occupation of deceesed?
Xamu Ma	If so, specify Cosmubleson M.
20. FILED 1931 Reistrar.	(Address) Seeder Space In
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Regulsting U.S. No. 1.

10110

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	13	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis TOECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1383	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state D. Every item of infor-

Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

N. B.-WRITE PL.

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

12111

1. PLACE OF DEATH	940
County Grontgomery	Registration Dist. No. 2.7.4
Village or City And The Laters	No. St., Ward
(1	death occurred in a hospital or iostitution, give its NAME instead of street and number)
W. OD. W.O A.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME II Illiam Hilson Ceci	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR, DtVORCED (write the ward)	21. DATE OF DEATH TON 27
Sa. II marriad, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (ex) WIFF of	22. MEREBY CERI FY That attended decessed from
margaset O. Cecil	October 1932 10 10 10 10 10 - 27,150
6. DATE OF BIRTH (month, day, and year) 12-11-18 70	I last saw h alive on Wanf Cof. 25, 19057; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the data stated abova, at \(\mathbb{L} \mathbb{A}m.
64 11 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were esfollows:
8. Trede, profassion, or particular kind of work done, es SPINNER, Leuself Harrener SAWYER, BOOKKEEPER, atc Leuself Harrener	angena Pactoria 1931
Industry or business in which	
work was done, es SILK MILL, Harming SAW MILL, BANK, etc.	
and this occupation (month and) and a spatter this	
year) occupation occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Ly Ayalla Cown	arieno Aclesosos Unglavora
(Steta or country) Montal lo & Miles	
13. NAME Sur Charles 14. BIRTHPLACE (city or town)	
[State or country]	Name of operation
- Allan Comments	What test confirmed diagnosis?
15. MAIDEN NAME Sarah Je Boelkey	23. If death was due to axternal ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
Control of the state of the sta	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT HALL CASTILLA STATES (Address)	Spacify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece Hya Malowy Malore 1107, 252, 1935	Neture of injury
19. UNDERTAKER IT I Burdetty	24. Was disease or Injury in any way related to occupation of deceased? Ro
(Address) Lym Ha Down Gall.	If so, specify A
20 FILED Hor 2 8 1934 Millian & Lews .	(Signed) Leage M. / Joyce, M. D.
Knook Registrar.	(Address) - D-tusmastecks and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example 11	
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Chronic interstitial nephritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 9561 9 030	3 days ago
		I GBAISOSE!	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back

TION is very important.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

of OCCUPA.

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	PLACE	E OF DEA	ТН			942)	21 11
	County	Mon	taomer	4		Registration Dist. No. 2	23
XH	Village	or City	Takama	Park,	(ii	Notices hington 3au + Hosp. St., death occurred in a horpitel or institution, give its NAME instead of street and 22 ds. How long in U.S. if of foreign birth? 42 yrs.	Ward
1							10303.
2.				ba. Christ	ensan	If U.S. Veteran specify WAR.	** *** ** *** * *** * *** * *** * * *
			4 Sibley	(Usual place	of abode)	St., Ward. Hyalls ville - M.d. Propresident give city or town and	d State
				CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	male	4. COLO	74		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH MULEMber 30 (Month) (Day)	, 193 5 (Year)
	HUSBAND (or) WIFE	of of	charles	christe	nsen	22. I HEREBY CERTIFY. That i attended 22. 1.Q 19 35, to Mayem bex	3.0., 19.3.5
6. DA	TE OF BI	RTH (month, day	, and year) Se	18-18-18	74	I last saw h.e.y. alive on hove 30 1935	; death is said
7. AG	E	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 8.4.20.m,	
		6.1	1 2	13	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Dete of onset
N	8. Trade, kind	profession, or pa d of work done,	articular as SPINNER, PER, etc	(. 1	6 soonary Selerosis with	
E	9. Industr	WYER, BOOKKEE y or business in	PER, etcΩ6	useus fe	moun home	a declepsion	
NP.	Wor	k was done, as S	ILK MILL, O	un hom.	e	altetisschloses	
OCCUPATION	O. Date de	eceased last work occupation (modern)	ked at	11. Total ti	me (years) it in this 40 475		
12. B	IRTHPLAC	CE (city or town).		Norman	7	Other Contributary Canace of importance:	
2 1	3. NAME	Mr. N	els Tura	anist		***************************************	
FATHER		LACE (city or to	C	N.		Name of operation	
۵ ا	5. MAIDEN		? unkn	own		What test confirmed diagnosis?@@linutesf Was there an	- //
王一	6. BIRTHP		wn)hokwa	4		23. If death was due to external causes (ViOt ENCE) fill in also the followin Accident, suicide, or homicide?	-
17. in	FORMANT (Addres	washing to be	aton Sa	n Rec	avas	(Specify city or town, county and Sta Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PL	ite) .ACE.
18. BI		EMATION, OR R	EMOVAL micolie 21	Date De	C 2 - 1935	Manner of Injury	
19. UI	NDERTAKE (Addres		Dhyall	les Jour	end	24. Was disease or Injury in any way related to occupation of deceased?	no
20. FI	LEDAL	el ,,	1925 4	Edoge	Periotra	(Signed) A. H. Cormschall	M. D.

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BUPPAU V. S.			
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AGE should be

properly classified.

certificate.

Jo

See instructions on back

TION is very important.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE-PLAINLY,

8

OCCUPA-

of

Exact statement

1. PLACE	STATE OF DEATH	OF MAR	YLAND-	CERTIFICATE OF DEATH	3146
THE RESERVE THE RESERVE THE PERSON NAMED IN COLUMN TWO IN COLUMN THE PERSON NAMED IN COLUMN THE PERSON	montagem or City labor	eru) nall Park		Registration Dist. No. 2 No. Ugalizatan Santarian and Stated and description occurred in a horpital or institution, give its NAME instead of street and	aspital War
Length o	of residence in city or town w	hara daath occurred		ds. How long In U.S. if of foreign birth?yrs.	
	NAME My. J.	cha Roy	Chone	If U.S. Veteran specify WAR.	
(a) nes	sidence: No. 122 2	(Usual place		St., Ward. Silver Spring Md	nd State
PERS	SONAL AND STAT	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE		RIED, WIDOWED, O (white the word)	21. DATE OF DEATH Mayenther 2 (Month) (Day)	193 5 (Year)
HUSBAND (or) WHFE	of Mrs. L	attie Cron		22. I HEREBY CERTIFY, That I attend More J., 19.35, to New. 2	كِدِ 19 ,
6. DATE OF BIL 7. AGE	RTH (month, day, and year) Years Month	nomber :	2, 1985 1 If LESS than	1,25	نے; death is sal
7. AGE	30 0	Days	1 day,hrs.	to have occurred on the data stated abova, at	
8. Trade, pkind	profession, or particular d of work done, as SPINNER VYER, BOOKKEEPER, etc	· Plastere		Lobar (mennina)	Date of onse
SAV	y or business in which k was dona, as SILK MILL, V MILL, BANK, etc	11. Total ti	me (years) nt in this 8 years		
	E (city or town)	shington,	Q. C.	Other Contributory Causes of Importance: Our and this with	
₩ 13. NAME	mr. John	W. Cron	8	Januaryna State	
	LACE (city or town) ta or country)	Maria	land	Name of operation Date of What test confirmed diagnosis? Leliminal Was there a	74
	LACE (city or town)	Stevens	S	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury	ing:
17. INFORMANT	Washington.	Sanitarius	y Records	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate) PLACE.

19. UNDERTAKER

20, FILED Mor

Registrar.

alf so, spacify

ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting G. S. No. 1.

Mannar of Injur Nature of injury

V. S. No. 1

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	Example II	12 131
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923		1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods County Mantgamery (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS mos. 28 ds. How long in U.S. il ol foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred statement 2. FULL NAME Mrs. Etta RECORD. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) A PERMANENT Marvier classified. CT 5a. II married, widowed, or divorced HUSBAND of (or) WIFE of V × E certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS then Davs 1 day,hrs or____min.

If U.S. Veteran specify WAR..... If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH november I HEREBY CERTIFY. That I ettended deceased from to now ember 20 19 35 Morsenabes 20, 19.35; death is said to have occurred on the date stated above at The PRINCIPAL CAUSE OF DEATH and related causes of importance Oate of onset 8. Trede, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BDDKKEEPER, etc.___ 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 11. Total tima (years) 10. Date deceased last worked at this occupation (month and spent In this occupation ___ 12. BIRTHPLACE (city or town) (State or country) FATHER I3. NAME Name of operation_. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME 23, If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify _

Registration Dist. No.

CAUSE LION

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	phritis •	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 6 1905	July 5,1927	Peritonitis	3 days ago
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-A PERMANENT RECORD. Every item of infor-FOR BINDING -WRITE PLAINLY, WITH UNFADING INK-THIS IS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be RGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Montgomery	Registration Dist. No. 2/2
Village or City Near Buck hodge	No. Ry JA/ Boylo St, Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of tesidence in city or town where death occurred 40 yrs	s
2. FULL NAME Congression (a) Residence: No. R. 7 D. H. Bay do (Usuai place of abode)	Sent Warter If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) // (Day) 7 - 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(6) 1112 01	Jan 1929 to 200. 7" 1930
6. DATE OF BIRTH (month, day, and year) We 12-1852	Host saw h. L. alive nn. Nov. 6 , 1905; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the dete stated abovo, at
82 10 25 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were approllows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.	Carcenoma y heart 1929
SAWYER, BODKKEEPER, etc.	Seirhous
work was done, as SILK MILL, SAW MILL, BANK, etc	(accenowa / ung. 9/25
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupetion (month and year) year) 11. Total time (years) spant in this occupetion	and seems wijocardiles 11/12/
tz. BIRTHPLACE (cily or town) Many land	Other Contributory Causes of importance:
13. NAME Robert Wade 14. BIRTHPLACE (city or town) May Land -	Name of operation
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Culherine Trines	23. If death was due to external causes (VIDL ENCE) fill In also the following:
16. BIRTHPLACE (city or town). Typanyland	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Cal . The Wall world	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Seullaville Date 11/9 , 1935	Neture of injury
19. UNDERTAKER Hillant Vine (Address) Barreville m. 8.	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED Kor 9. 1935 Mys Clagette Hillor Registrar.	(Signed) liplest Showing M. O. (Address) Dawsonville lad-
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CENTIFICATE OF DEATH

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-	Example I	3	Example II	
The principal cause of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	2E0 € 1005	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	rilis DEC 5 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
12111				

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN
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Date of onset

82:0				
	Registration	Dist.	Nn.	214

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. If of foreign birth? vrs.

If U. S. Veteran, specify WAR

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end yeer) 7. AGE Months if LESS then

ormin. Trede, profession, or perticular kind of work done, es SPINNER.

OCCUPATION SAWYER, BDDKKEEPER, etc ... Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.

10. Date deceased lest worked et this occupation (month end

11. Totel time (years) spent in this 8

1 dey,____hrs.

12. BIRTHPLACE (city or town) (State or country)

FATHER 14. BIRTHPLACE (city or town)

(State or country) MOTHER

16. BIRTHPLACE (city or town (Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) (Dey)

CERTIFY. Thet f ettended deceased from

The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance

Westhere an eutopsy?

23. If deeth was due to external causes (VIOLENCE) fill in also the following

Accident, suicide, or homicide?, Where did injury occur?.

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury Neture of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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OF DEATH

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Evennle II

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DFC. 7 1903	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
H FUPFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 E.

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	item
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
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mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

properly classified.

PHYSICIANS should state Exact statement of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County Montgomery	Registration Dist. No. 2/3
Village or City Lincoln Bark Rockvilles m	OL No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s
0 1 0 1	
2. FULL NAME Mary bellen forsey	
(a) Residence: No. Strift of Work May (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female colored OR DIVORCED (write the word)	Movember 12, 1935
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of Charles Thomas Sorsey	22. I HEREBY CERTIFY, That I attended deceased from
25 12/2	12-26-,1934,10 1-9-,1935
6. DATE OF BIRTH (month, day, and year) Nov. 25, 1843	I last saw he alive on 1-9-, 1935; death is sald
7. AGE Yaars Months Oays If LESS than 1 day,hrs.	to have occurred on the data stated abova, at 2.2.2.4 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9/ 1/ 15 ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Monker SAWYER, BOOKKEEPER, etc	Myr cardial degeneration 1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate daceased last worked at mgn+h (2) 11. Total time (years)	
9. Industry or business in which work was done, as SILK MILL, Own housework SAW MILL, BANK, atc.	
10. Oate daceased last worked at month (2) 11. Total time (years) spent in this occupation (month and year) 12. Total time (years) spent in this occupation 50 years.	
year) Word 1970 occupation 50 yrs.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) ? Unknown	Senility
(State or country) 7	-
13. NAME ?	
13. NAME ?	Name of operation
(State or country)	What test confirmed diagnosis? Wary weak hearts was there an autopsy? Me
15. MAIDEN NAME ? 19	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Stilliam Genry Lurner (Son)	Specify whather injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Lincoln Barks Bockville md. 18. BURIAL, CREMATION, OR BEMOVAL	Manner of Injury
Place for for form for a coate	Manner of Injury Nature of Injury
The state of the s	24. Was disease or Injury In any way related to occupation of deceased?
19. UNOERTAKER (Address)	If so, specify
1 toolong had	(Signad) J. D. Miles M. D.
20. FILED //- / 8 , 1935 ms. W J Viall	(Address) Bookville mol

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis DEC 5 1935	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
- Turnstones	In ag 1,1020	diam von ven	1 gear
	<u> </u>		1

See instructions on back of certificate.

TION is very important.

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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L	()	L	11	A.

1. PLACE OF DEATH		92.0
County Monlago	mery	Registration Dist. No. 2/8
Village or City Etchic	leath occurred 50 yrs. mer	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number) Solution of the street and number of the street and n
2. FULL NAME MANA	M. Etall	f
(a) Residence: No.	ion Ma	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	1	
(or) WIFE of Dlanch of	musend	22. October 29, 1935, to 2001. 11 1935
6. DATE OF BIRTH (month, day, and year)	6.15,1850	I last saw h _ saw alive on
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	Farmer	wera as follows: Pronelio - Preumonia Date of great
9. Industry or business in which		
work was dona, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this 50 occupation	
12. BIRTHPLACE (city or town) m. El (State or country)	agettespille	Other Confributory Causes of importance?
13. NAME Treenbury	otelision	
13. NAME Promission S	nouls Co.	Name of operation Date of
(State or country)	g mi	What test confirmed diagnosis? Was there an autopsy? 72
15. MAIDEN NAME Rachel 16. BIRTHPLACE (city or town)	L. Co.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	- ma	Where did injury occur?
17, INFORMANT Tanny C (Address) 8 D. Gash	Melusin	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Montgomery Chine	Goata 200 13 , 1935	Mannar of injury
19. UNDERTAKER Auffusville	Darber	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 2005 13, 19.35 V	The file of Registrar.	(Signed) Leage M. Joyer M. D. (Address) Alamaseus, rud.

If more blanks are needed, address State Registrar, 24.11 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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statement

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 210-Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth? (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of EREBY ERTIFY. That I attended deceased from (or) WIFE of 9/2 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above at 3: 40 A. m 7. AGE Months If LESS than 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Data of onsat Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? UC 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Breters Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT 18. BURIAL, EREMATION, OR REMOVAL Nature of injury 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER If so, specify

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		POCIFICED	
Other contributory causes of importance:		Other contributory causes of importances:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		.8.	

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A-	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 13150
E E	1. PLACE OF DEATH	(02)
50	County Moulariery	Registration Dist. No. 217
00	Village or City O less maryland	The Mostly O. General Islock, Trick
90		(If death occurred in a hospital of institution, give its NAME instead of street and number)
ent	Length of residence in city or town where death occurredyrsm	os. 2 ds. How long in U.S. if of foralgn birth?yrsmosds.
emo	2. FULL NAME Agrison Gloyd Try	ffith 11 5. Veteran, specify WAR
itat	(a) Residence: No. Southersforces The	St., Ward.
4	(Usual place of abdie)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
Ħ	3. SEX 4. COLOR OR RACE OR DIVORCED (agrice the word)	21. DATE OF DEATH PARA 9 - 193 S (Month) (Day) (Year)
jed.	5a. If marriad, widowad, or divorcad	
classified	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Most. 7 1935	I last saw hall alive on 200 9 7 , 1930; death is said
erly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
properly certificate.	2 1 day,hr	were as follows:
	8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER BOOKKERPER etc.	Date of onset
be of		Dooncho Uneumous /8/23
may	9 Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc	
on on	10. Date deceased lest worked at this occupation (month and year)	
erms, so that instructions	() () () ()	Other Contributory Causes of importanca:
so	12. BIRTHPLACE (city or town) (Stete or country)	+ P +
terms,	E 13. NAME My. Starrison Gland Fre	- Welleran 17/3:
	T . 100	Feeth
ain t	14. BIRTHPLACE (city or town) 2 Cylindria (State or country)	What test confirmed diagnosis? Ofenna Was there an autopsy?
=	15. MAIDEN NAME CASE CONTRACT	23. If death was due to externel causes (VIOLENCE) fill in also the following:
OF DEATH in preery important.	15. MAIDEN NAME (alleune Dapping)	Accident, suicide, or homicide? Date of Injury 19
Por	16. BIRTHPLACE (city or town) Classification	Where did injury occur?
EA	Marit O Dead	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
LA P	17. INFORMANT 1900 feel (Address)	Specify whether injury occurred in incountry, in frome, or in robeto reace.
	18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
SE	Place St. Olose Urplus, My. Date Now 101, 19 3.	Nature of injury
CAUS	19 UNDERTAKER Garnest Lartner	24. Was disease or injury In any way ralated to occupation of dacaased?
OH	(Address) Garthersteing Md	It so, specify Chasles in the
F	20. FILED Nov- 9 1935 (& & Barnely.	(Signed) M. D.
9	// Registrar.	(Address) Sandy Sporny Ind
	If more blanks are needed, address State Registra	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial mephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1935	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

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No.	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 13154
1. PLACE OF DEATH	4.0
County Montgornery Co	Registration Dist. No
Village or City Brooke the	
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or taken where death occurred yrs?	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sell of Suffith	
(a) Residence: No. 1. Prookville 10 md,	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	Il nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
male While OR DITORCED (while the word)	21. DATE OF DEATH Wormber (L. 1935) (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	at interest
(or) WIFE of Mary miller troffeth	1978 to Nov 4
6. DATE OF BIRTH (month, day and year) for - 1866	I last saw have alive on nov. 3 1930; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et // 30 p.m.
75 9 23 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
9 Trade residence and the land	were es follows: Data of one of Data of one of
8. Trede, profession, or particular kind of work done, as SPINNER, Petrol Farmer SAWYER, BOOKKEEPER, etc.	of stomach Enking
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupation (worked and the same to be the second and the same to be the same to be the second and the same to be	
SAW MILL, BANK, etc	
O To. Dete deceased last worked et this occupation (month and yeer) 11. Total time (yeers) spent in this yeer) 26. 1735 occupation 92	
1. 7	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Many C C (Stete or country)	intalfed problete glands anderson
7	
E July	
(State or country)	Neme of operation
	What test confirmed diagnosis? Wes there an autopsy? /
E Truly	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
7. 7. 7.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Menner of Injury
Plece Calery Canaly Date Nov 7 , 1935	Neture of injury
19. UNDERTAKER POR BARBUR	24. Was disease or injury in any way related to occupation of deceesed? 20
(Address of thersburg 700)	If so, specify of the specific
20. FILED MONTY, 1936 - Cr. S. Manuelsy Registrar.	(Signed) Levice M. Joyer M. D. (Address) Damascus ma.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal caus of importance were	e of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial n	ephritis DEC 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
Other contributory causes of importance: Gallstones		May 1,1923		1 ye

N. B.-WRITE PL.

V. S. No. 1

certificate.

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See instructions on back

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	PLACE OF DEATH	
	County Montgomery	Registration Dist. No. 2/4
	Village or City Lilver Springs	No. St Ward
1		death occurred in a hospital or institution, give its NAME instead of street and number)
1	01 11 1 11 1	ds. How long in U.S. if of foreign blrth?yrsmosds.
2	FULL NAME Edna Blanche Jarden	ch
	(a) Residence: No. / (c) Silver Spingo (live (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S		21. DATE OF DEATH
2	emale White OFTUNECED (vortee the food)	7, 193 5 (Month) (Oay) (Yeer)
5a.	If marriad, widowed or divorced HUSBANO of	
	(or) WIFE of Joster Hardrock	22. I HEREBY CERTIFY, That I attended deceased from
e 1	P. 11 12 1899	
7. A	GE Years Months Oays If LESS than	to heve occurred on the date stated above, at
	2/ 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
7	8. Trade, profession, or particular	were as follows: Sancoma of right les Date of onest 1938
01	kind of work done, as SPINNER, Jouseur	with Lung. Mitoslose
OCCUPATION	9. Industry or businass in which work was done, as SILK MILL,	Endothelial sarcofus, primary in connective
ខ្ល	SAW MILL, BANK, etc	(soft) tissue of antero external surface of right kneed
0	this occupation (month and spant in this year) occupation	The original limp followed a bump against an sisto.
	Teanage and	Other Contributory Causes of importance:
12.	(State or country)	ommediate called deall
EB	13. NAME / em / Blober	with states and of lung!
FATHER	14. BIRTHPLACE (city or town) Harmony	Name of operation and pulletten of Suff of Date of Suff of Suff
7	(State or country)	What tast confirmed diagnosis? Aus was there an au'opsy? MO.
ER	15. MAIOEN NAME Horence Bouser	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Harmony	Accidant, suicida, or homicide? Date of Injury, 19
Σ	(State or country)	Where did Injury occur?
17.	INFORMANT of orandorman	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	(Address) Silver Springs Md.	
18.	Place Harmony Mate Nov. 19, 1935	Menner of Injury
	On In	Nature of injury
19.	UNOERTAKER Stadhiff Co.	24. Was diseasa or injury in eny way ralated to occupation of deceesed?
	(Addrass) Middletown Mt.	If so, specify
20.	FILEO 1935 T. E. Dudley	(Signad) 77 MO-14 th S 14.4). Washington De

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

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Example I		Example II	
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OFC 7 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			W N

V. S. No. 1

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N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECERD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 13156
1. PLACE OF DEATH	(C)
County Moulgowery	Registration Dist. No. 2/4
Village or City Theusty tons	No. 45 Fawcett St, Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME / Tellie Tratt	n Trolland
(a) Residence: No. 45 4 aw cett	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED fruite the word)	21. DATE OF DEATH And 14
Male white OR DIVORCED (while the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended deceased from
(or) WIFE of C, It, Itolland.	Nov. 4 1935 to Nov. 14 - 1935
6. DATE OF BIRTH (month, day, and year) May 20. 1869	I last saw h was alive on tov. 14 19 35 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10:357 m.
66 5 25 1 day,hrs	I THE FRINCIPAL CAUSE OF DEATH and telated causes of importance
Trade profession or particular	were as follows:
SAWYER, BODKKEEPER, etc. Setered farme	Droucho Buenemonen nov. 9.
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and to the control of the control	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Primary/ Couse: Chaonic myocarditie.
spent in this	Quartien : Probably eight years Crose
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Clery, Wary Cand	acute Bronchetia 2003:
(State or country) Moret governing Country	durieular tibial ation 1932
14. BIRTHPLACE (efty or town). Say tomoville	
14. BIRTHPLACE (efty or town) & an america	Name of operation Date of Date of
(State or country)	What test confirmed diagnosis? Clerical Was there an autopsy? To
15. MAIDEN NAME Ada W. Suter	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Margaret Hoffand.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 4) - 4 awarth of Remarkation	
18. BURIAL, CREMATION, OR REMOVAL D.C. Date HOV. 18 193	Manner of Injury
Place IM. Date M. Date M. T	Nature of Injury
19. UNDERTAKER W Supery Sumphrey	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Rockwille Md.	If so, specify Level
20. FILED NOV. 15 , 1935 Margaret C. Tremearne	(Signed) Herry D, Drown M. D.
Core a D. Registrar.	(Address) A Mensing ton, alld

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Exa	mple I	it	Example II	
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Chronic interstitial nephritis	DEC 7 1003	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5 1927	Peritonitis	3 days ngo
	Belliefe A.U. V.	S.		
Other contributory causes of	importance:	Professional Control	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	34
County mont	Registration Dist. No. 3/70
Village or City aluly	No. Front Co Gen Stante Oluly of
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrsfmo	s2-ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MAURICE CHAPTON	
(a) Residence: No. Consugton Ma-	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH 200 - 1/6 - 102035
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
,	Och 14- 1835, 10 mod 16, 1935
6. DATE OF BIRTH (month, day, and year) alec. 23, 1893	t last saw h. L.M. alive on M. 16 - , 19.35; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a P.m.
41 10 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Date of onset
SAWYER, BOOKKEEPER, etc.	Luctic Stearh disease
work was done, as SILK MILL, SAW MILL, BANK, etc.	Quelle Steathdisease
20 Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) - Sandy Spring	Other Contributory Causes of importance:
(State or country)	Blooming noblest
13. NAME augustus- Hopkins	Chronic Rephretes 2 grs
14. BIRTHPLACE (city or town) Sandy Spring	Name of operation World Date of
(State or country) Maryland	What test confirmed diagnosis?
15. MAIDEN NAME Carrie Tropkins	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Carrie Topkins 16. BIRTHPLACE (city or town) Sandy Spring	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Paspital records. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVEL	Manner of injury
Place and props Date IN 1933	Nature of Injury
10 HADERTAKER PORTE STORES	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Addiess) Parthur Wool	If so, specify
Jallio a Coldon B	(Signed) Chastosumpleson M.D.
20. FILED 1200 18 19 3.5 COT James Clay Registrar.	(Address) Sandy Shows 2nd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 7 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STREET V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	of infor-	ld state	COUPA-	
2	item	shou	o Jo	1
	OAD. Every	HYSICIANS	t statement	
	REC	7. P	Exac	
NUING	RMANENT	XACTL	classified.	
FUR B	IS A PE	stated E	properly	ertificate
3	HIS	pe	pe	of c
MAGIN RESERVED FOR BINDING	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state)F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	very important. See instructions on back of certificate.
KGI	UNFAI	upplied.	terms,	e instru
4	WITH	efully s	in plain	nnt. Se
	INLY,	be car	EATH	imports
1	PLA	pluo)F D	VPFV

N. B.-WRITE

V. S. No. 1

A- I	STATE OF MARYLAND—	CERTIFICATE OF DEATH 13158
state UPA-	1. PLACE OF DEATH	(97)
occ out	County Montgamery	Registration Dist, No.
should of OCC	Village Dr City Uneq.	ND. Montgomery Co. Samuel Hoffist, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
0 /	Length of residence in city or town where death occurredyrs,mos.	death occurred in a house at material in material in the state of street and number)
PHYSICIANS oct statement	2. FULL NAME Mr. Leonard W. Howard	If U. S. Veteran, specify WAR
SIC	(a) Residence: No. Boyds, md	St., Ward.
HY t si	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
X .	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Maried	21. DATE OF DEATH Yovember (Month) (Day) (Year)
A C T lassified	5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Laura Q. Harrard	22. I HEREBY CERTIFY. That I attended deceased from Nov. 7 1935, to Nov. 29 1935
X To	6. DATE OF BIRTH (month, day, and year) Feb. 23.	I last saw h. Analive on 41/29/, 193) death is said
d J erly cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2m,
stated E properly certificate	afort 75 9 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BROKKEEPER, etc.	20 10 10 10 10 10 10 10 10 10 10 10 10 10
	9. Industry or business in which	Political officerous 11/1/38
may back	work was done, as SILK MILL, SAW MILL, BANK, etc	Language of lea due to beteriornselenosses
s sk t it on	O 10. Date deceased last worked at this occupation (month and spent in this	Warotish: Sty weeker Cut R
AGE that ons	year) occupation	Dther Contributory Causes of Importance:
so	12. BIRTHPLACE (city or town)	Jangung Oft Egt 11/1/3)
pplied terms, instru	13. NAME James Harrard	U
sur lin to See	14. BIRTHPLACE (city or town) VANG.	Name of operation
J B	(State of country)	What test confirmed diagnosis? Light Was there en autopsy?
in an	E 15. MAIDEN NAME Patting Complexes,	23. If death was due to external causes (VIDLENCE) fill in also the following:
ca TH port	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	17. INFORMANT Paleary / Hospalal (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
₩ .≅	Place Boyd, Md Date 11/30 ,1935	Nature of injury ?
mation s CAUSE TION is	19. UNDERTAKER W. B.) Liltour (Address) Branchille Mid	24. Was disease or Injury In any way related to occupation of deceased?
(9)	20. FILED 1/30/, 19 35: C. 8.B amsly Registrar.	(Signed) M. D. (Address) See See
	If more blanks are needed address State Registrar	2427 N. Charles Street Baltimore Requestion 91 LNo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

20. FILED NO26 , 1935

M	FADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ied. AGE should be stated EXACTLY. PHYSICIANS should state	ns, so that it may be properly classified. Exact statement of OCCUPA-
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Z	DIN	4	80
5	FA	ied.	ns,

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully suppl -WRITE PLAINLY, WITH UN N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 13159
1. PLACE OF DEATH	(3)
county Montgomery	Registration Dist. Np. 2-2
REGENERAL STATE OF THE STATE OF	
Village or City Takama Park	Nolla shington Sanitanuma Mas Fit, tal Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs2_mos.	
2. FULL NAME Dr. Orwin E. Howe	
(a) Residence: No. 434 Park Road, N. W. (Usual place of abode)	St., Ward. Washing ton, D.C. If none sident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(month) (Day) (Test)
HUSBAND OF Mrs. Minta q. Howe	22. I HEREBY CERTIFY, Thet I attended deceased from Selfet 4 1935, to NOV 6 1935
6. DATE OF BIRTH (month, day, end year) Dec. 5. 1853	I last sew hall eliva on Mar. 6, 19.35; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, et. 122 Room
81. // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows:
	Hatter Denvergas & heart Date of one of
8. Trade, profession, or particular kind of work done, as SPINNER, Physician SAWYER, BOOKKEEPER, atc	
✓ Industry or business in which	(Interior de Verases -
work was dona, as SILK MILL, Retixed	Opposes no he shreton
10. Date deceased last worked at this occupation (month and)	The first of the f
year) occupation occupation	Ohn C
12. BIRTHPLACE (city or town) SciDiD	Other Contributory Couses of Importanca:
(State or country) I naigina	allero Scleroais
13. NAME James Howe	and Old age
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country) Kentuckey	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ? Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
17. INFORMANT Washington Sanitarium Records (Address) Takama Park, Md.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mcesh, D. C. Date Mov 6 , 19 30	Nature of injury
19. UNDERTAKER Ille N. F. Theries Ce.	24. Was disaase or injury In eny way related to occupation of deceased?
(Address) 2901-14 St. new	If so, specify

CTS. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Vakoma

M. D.

(Signed).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstilial nephr	itis DEC 5 1505	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEG 9 1966	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13160
1. PLACE OF DEATH	
County Myntrymen	Registration Dist. No. 2/8
Village or City Delmarklon (If	(No Not Outside) St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Sarah talkson	
(a) Residence: Np. 9ermanlouin Med	St., Ward.
(Úsual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale / tegs wordsmed	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of I hours Jackson	Mr 5 1932 to /hr 7 1930
6. DATE OF BIRTH (month, day, and year) fan 8 1860	I last saw half alive on 7 , 19 35 ; death is said
7. AGE Years Month's Days If LESS than	to have occurred on the data stated above, at & Pm.
7.5 9 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trada profession or particular	General Seterial polerous 1920?
Kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc	- Heehon Terrondonis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Exopliatine gothe
SAW MILL, BANK, etc	-
11. Total time (years) this occupation (month and year) year) occupation	Cerepeal Hemorrheye 11/4/38
n. t. had	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / / / / / / (Stata or country)	
	-
13. NAME TUST. Come us 14. BIRTHPLACE (city or town). Marrily Car W. C. (State or country)	24440
14. BIRTHPLACE (city or town) Marinty (State or country)	Name of operation Data of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lidde a Crinic 16. BIRTHPLACE (city or town) Many Carl MI	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Manua (State or country)	Accident, suicide, or homicide?
2 1 (0.11)	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
17. INFORMANT & Carlo Miller M. A.	Spacify whether injury occurred in Thousann, in Home, of in Fourier Exoc.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Clospales. Mate/W/ 1931	Natura of Injury
RI Barber	24. Was diseasa or injury In any way related to occupation of dacaasad?
19. UNDERTAKER (Addrass) & author M. M.	If so, specify
The state of the s	(Signad) UNION N Kornel M. D.
20. FILED MA. 10., 1935 Worlds J. Los Registrar.	(Address) Dawsonistle Mid:
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 6 1935	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
			3

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOXD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. GIN RESERVED FOR BINDING

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	946	
County Montgomery	Registration Dist. No.	
	f death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Langth of residence in city or town where deeth occurred	sds. How long in U.S. if of foreign birth?yrsmos	ds.
(a) Residence: No. 7// Residence of abode)	If U. S. Veteran, specify WAR	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Marie	21. DATE OF DEATH November 4 (Month) (Day) (Yea	5 ar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Cabel M Jones 6. DATE OF BIRTH (month, day, and year) May 27 1892	22. I HEREBY CERTIFY That attended deceased on November 4 th 19. I last saw h. Im. alive on November 4., 19. 35; death l	3.5
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Irada, profassion, or perticular kind of work done, as SPINNER, Gott Surployer Mary by SAWYER, BOOKKEPER, atc.	to have occurred on the data stated above, at . So. 10 A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of	Ionset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. On Date deceased last worked at this occupation (month end year) year) 11. Total tima (years) spent in this occupation	Coronary Immboss	1-35
12. BIRTHPLACE (city or town) (State or country) Mass. Language 13. NAME Charles Comes	Other Contributory Causes of importance:	
14. BIRTHPLACE (city or town)	Neme of operation Date of What test confirmed diegnosis? Was there an autopsy?	No
15. MAIDEN NAME LA PARA BLANCE (City or town) (State or country) 17. INFORMANT & Sabel M. Jones (wife) (Address)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, subside, or homicide?	
18. BURIAL, CREMATION, OR REMOVAL Place Lodar Stell Date Nov 8 , 1935	Mannar of injury	
19. UNDERTAKER Tarrier & Jasurphry (Address) Ross (while Inf	24. Was disease or injury in any way related to occupation of decaesed?	
20. FILED 11-7: 35, 19 5. 6. Wesley Registrar.	(Signed) Manual Malwall.	_M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
0,			
Other contributory causes of importance:	E 3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Letter filed 12/4,35 under MRS. I.M. JONES, informant, changing first name of mother of deceased from "COLAS" to "CLARA". - LFL

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RESERVED	TATEL
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	TALE

CCAD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

EXACTLY classified.

certificate. properly stated

> be Jo back

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

See instructions on

TION is very important.

AGE should

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(31)
County Moutgonery	Registration Dist. No. 2/7
Village or City Olucy, maryland	Green Moute C. Secil Hospital Ward death occurred in a hospital of Institution, give its NAME instead of street and number)
2. FULL NAME Leorge G. M. Kelely	If U. S. Veteran, specify WAR
Q 11 110 000 1	St Ward.
(a) Residence: No. Rolling (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH Naveuber 20, 193 1 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	· · · · · · · · · · · · · · · · · · ·
(or) WIFE of Mary Keleluser	22. I HEREBY CERTIFY, That I attended decessed from
10 12 12 12	november 1719 35, 10 November 301935
6. DATE OF BIRTH (month, day, and year) Years Days if LESS than	I last saw h
1 dey,hrs.	to have occurred on the date stated above, ab 3:05 Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
0 0 1 0 1 0 1 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Chronic Interstitial
SAWYER, BOOKKEEPER, etc.	on Rephritis 1933
work was done, as SILK MILL, Slate of Mill, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of Importence:
12. BIRTHPLACE (city or town) Lackevelle	
(State or country) Maryland	Right nemplega 11-17-3
14. BIRTHPLACE (city or town) Rockielle,	
14. BIRTHPLACE (city or town) Cachelle,	Name of operation
(State of country)	What test confirmed diegnosis? Exacuse lies. Was there an autopsy? He
15. MAIDEN NAME Mess Martheda Garnel 16. BIRTHPLACE (city or town)	238. If deeth was due to external causes (VIOLENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
(State or country) Ulique	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ALCO, G. Zral Clayer	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Porlavelle ambury Date no. 20, 19 3 5	Neture of injury
19. UNDERTAKER Rulery Pumphery.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Rock will Brid!	If so, specify
20. FILED New 20 , 19 35 . C. S. B. Barnsley.	(Signed) M. D.
Registrar.	(Address) 2) all the College of the College

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13163
1. PLACE OF DEATH	210-00
County Mantgamery	Registration Dist. No. 223
Village or City To Isoma Park Md	No. Washington Santarium + Hospital, Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a helpital or institution, give its NAME instead of street and number)
2. FULL NAME Russell Kelsey	If U. S. Veteran, specify WAR
(a) Residence: No. 4720 Linnean Que Was	weaton Drd. C. D.C.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male white married	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bothy Kelsey	1 HEREBY CERTIFY, That I attended deceased from Unreally 30 1035
6. DATE OF BIRTH (month, day, and year)	I last saw h Lise alive on Movember 30, 19 3 5; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 11:30 P. m.
22 / 8 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Sales man	7
kind of work done, as SPINNER, Sales man SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, Outomobile Sales man SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	There of the State
SAW MILL, BANK, etc. Luto mobile Sales me M	Laceratio Could
	Fraction mandible
0.	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) WY WIA , Te MM.	
# 13. NAME Yny. Victor Kelsen	1 + 2 1 4 - 01
14. BIRTHPLACE (city or town) Les lengus	Name of operation Date of 11/30/31
(State of country)	What test confirmed diagnosis? Was there an autopsy?_240
15. MAIDEN NAME Ruth Russell 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? accident Oete of Injury 1/30, 1931 Where did injury occur? wells on Sessible Pick
11.1 - 1 . 0 1	(Specify city or town, county and State)
17. INFORMANT Washington Santaxium Records. (Address) Takoma Park, Md	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury automobile turned over
Place Washington DC Date Dac 3 1935	Nature of injury ' acidental
19. UNDERTAKER MATLEN To Juggerge (Address) 1300 N st MATE	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Dec 1 , 1935 Her Loy Registron	(Signed) Tree a. A fair M. O. (Address) 1029 - Jennaut Gre Wey
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. VOSh N.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II		
The principal cause of importance were a	of death and related causes of follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep.		1921	Run over by street car	1 week ago
Cerebral homorrhage	DEC 5 1930	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory c	uses of importance:		Other contributory causes of importance:	01-3110
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLAINLY,

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
1	d	3
0 1	oul	00
iten	sh	Jo
ery	NS	int
Eve	H	eme
D.	SIC	tat
OR	HY	t s
EC	Ъ	Xac
I R	Z.	田
EN	LL	ed.
Z	C	sifi
M	XA	las
ER	E	y
A F	ed	erl
S	stat	rol
SI	96	e I
LH	P	N P
	lno	ma
Z	sh	it
5	GE	hat
NIC	~	80
AI	ed.	18,
NI	ldd	ern
1 I	ns	in t
E	Illy	pla
M	refu	in
CY,	cal	LH
E	be	EA
LA	plu	D
P	shol	OF
II	n s	SE
WR	atic	AU
1	H	C

County Morrisonus	(73) Residentia Bid # 2/3
	Registration Dist. No.
Village or City B statefront	ND. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long In U.S. if of foralgn birth?yrsmos
2. FILL NAME Celword (Kil)	eew If U. S. Veteran, specify WAR
(a) Residence: ND. 7 800 Chesafieres 8	7- St., M. Ward D.C.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
ORDIVORCED (write the yiprd)	(Month) (Day) (Yaar)
a. If marriad, widowed, or divograd HUSBAND of	(Month) (Day) (Yaar)
(or) WHE of of france on Killeen	22. I HEREBY CERTIFY Thet I attended deceased from
m 1281805	- 19 19 19 19 19 19 19 19 19 19 19 19 19
DATE OF BIRTH (month, day, and year) March 28, 1885	I last saw h; daath is se
AGE Years Months Days If LESS than I day,hrs,	to have occurred on the data stated above, atm.
49 7 75 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance ware as follows: Data of ons
8. Trede, profession, or particular kind of work dona, as SPINNER,	NO.
SAWYER, BDOKKEEPER, etc.	14 minung in 11-23
work was dona, as SILK MILL, geer Merchault	a a a a a men
TO. Date deceased last worked at 11. Total time (years)	" Perparation)
this occupation (month and spant in this occupation	Juff lua ava y dared
	Other Contributory Causes of Importanca:
2. BIRTHPLACE (city or town) (State or country)	Personation of Amell
13. NAME Deorgie Killeen	Chalco dina
July Julius	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Reilly	23. If deeth wes dua to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Home Date of Injury 11-23, 19-3
(State or country)	Where did injury occur? Brookes Hill gleakeast . Mosta
7. INFORMANT & Karellel M Rellen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 7800 Chesapean 82. n.n.	Trages To A
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury Charles for Johnson Corlos.
Place Date Date 1931	Nature of injury Gunishiat
9. UNDERTAKER N. T. Charles Co	24. Was disease or mjury In any way related to occupation of deceased?
(Addrass) 1460 Chaper 82. 7. 1.	If so, specify
0. FILED 11-24 1935 mis. W.J. Prace	(Signad) N. S. Munnly M.
O FILED TO TO TOWN TO THE TOWN	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	-14	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 5 1933	July 5,1927	Peritonitis	3 days ago
RUPPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onset

If more blanks are needed, address State Registrate, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1 week ago 1915 Attack of epillapsy. Arteriosclerosis Run over by street car 1 week ago Chronic interstitial newhritis 1921 Julu 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1.1923 Gastroenteritis Gallstones 1 year

1		

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		160-2
County Monly	200	Registration Dist. No. 218
Village or City 722a	sofland	NoSt.,Ward fdeath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town when	re death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrs mos ds
2. FULL NAME Frank	lin Leen	
(a) Residence: No.	Redend	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	aly	22. I HEREBY CERTIFY, That I attended decessed from
	106 -	19.35, to Med 27 19.35
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Jon 27, 1935	I last saw h alive on 1935; death is sai
7. AGE Years Months	Deys If LESS than 1 day, 2 hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	ormin.	were as follows: Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER,	Tronc	and the company of all and
SAWYER, BOOKKEEPER, etc 9. Industry or business in which		11 / nerral Otentia e Justina morni
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	home	
10. Date deceased last worked at this occupation (month end	11. Total time (years) spent In this	
year)	occupetion	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	Redland	
(Stete or country)	7 appland	
13. NAME 14. BIRTHPLACE (city or town).	Tee	
14. BIRTHPLACE (city or town)	an Redering	Neme of operation Date of
(State of country)	and to	Whet test confirmed diegnosis? However Was there an autopsy?
15. MATDEN NAME HELEN	Testrumia divail	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
15. MATDEN NAME # Sleen 16. BIRTHPLACE (city or town) - State or country)	my	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	registered	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT LE COMO (Address) Le cero d	MI. R.F.D.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piace Oak grove Cue	entepote 2001 28, 1937	Manner of injury
19. UNDERTAKER Ray W (3	Parles med	Nature of injury 24. Wes disease or injury in any way related to occupation of deceased?
20. FILED DEAR 28, 1935 1	Dobt Registrar.	(Signed) / 2000 M. (Address) Saylore File Sund

. S. No. 1

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE

RGIN RESERVED FOR BINDING

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DEC 6 125	1915	Attock of epilepsy	1 week ogo	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage RULLAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May1,1923	Gastroenteritis	1 yeor	

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

V. S. No. 1

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

- 4	9	4	10	mby.
- 1	- 5	8	115	7
- 3		W.	6	9

	1. PLACE OF DEATH	(B)-C		
1		Registration Dist. No. 217 Phys. 9710 ellq. Co. Secol I Voeth, I ward death occurred in a hospital or institution, give its NAME instead of street and number)		
	Length of residence in eity or town where death occurred yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.		
	2. FULL NAME FRANK Chyalelle Lew	If U. S. Veteran, specify WAR		
	(a) Residence: No. Full to (Usual place of abode)	St., Ward. If nonresident give city or town and State		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. COLOR OR RACE female 4. COLOR OR RACE OR DIVORCED (write the word) Surgle	21. DATE OF DEATH November 18, 193 5 (Month) (Day) (Year)		
	56/If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from November 17, 19 35, to November 18, 1935		
back of certificate.	6. DATE OF BIRTH (month, day, end yeer) November 17, 1935 7. AGE Years Months Deys ff LESS than 1 dey,hrs. ormin.	to have occurred on the date steted above, et 2: 2072 The PRINCIPAL CAUSE OF DEATH and refated ceuses of importence were es follows:		
	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked et this occupation (month end spent in this spent in this	Conquital Reart disease 11-12-35		
instructions on	10. Dete deceased lest worked et this occupetion (month end yeer)	Other Contributory Causes of importance:		
nst	13. NAME Elevood Lives			
See i	14. BIRTHPLACE (city or town) (Stete or country) 14. BIRTHPLACE (city or town)	Neme of operation Dete of What test confirmed diagnosis? Example What test confirmed diagnosis?		
important.	15. MAIDEN NAME ElegateThe Servale 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT The sixtal records	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLEC PLACE.		
is very	18. BURIAL, CDEMATION, OR REMOVAL Date Mor 18 1933	Menner of injury		
TION	19. UNDERTAKER LOYU Baiser (Address) Laturel suid	24. Wes disease or Injury In any way releted to occupation of deceased?		
7	20. FILED Nov 17, 19 35. C. S. Barnsly, Registrar.	(Signed) M. D. (Address) Samuely Samuel Ond		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
· · · · · · · · · · · · · · · · · · ·	amy ,			
I was a second				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

stated EXACTLY. properly classified.

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of OCCUPA-

Exact statement

TION is very important. See instructions on back of certificate.

STATE OF MA	RYLAND-	CERTIFICATE O	F DEATH 1	HER
1. PLACE OF DEATH		(46-6)	6	. 6
County Montgony	ma	~	Registration Dist. No.	/ 3
Village or City Veers ood	mol	No	St.,	Ward
Length of residence In city or town where deeth occurred		death occurred in a hospital or institutionds. How long in U.S. if of fo		
2. FULL NAME Catedonales O	fourte.			
(a) Residence: No. Recruyood	med	St., Ward.		
	place of abode)		If nonresident give city or town and	State
PERSONAL AND STATISTICAL PA			TIFICATE OF DEATH	
male White mi	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH	Month) (Day)	, 193 5 (Year)
5e. If married, widowed, or divorced HUSBAND of (OI) WHEE OI Martha Low	ry	22. I HEREBY C	CERTIFY, Thet I ettended	deceased from
6. DATE OF BIRTH (month, day, end year) 25	0/879	I last saw h alive on 2	D 10 101 1915	: deeth Is seid
7. AGE Years Months Deys	If LESS than	to have occurred on the date stated al	4 30	_, deeth is seid
56 4 8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH e	nd releted causes of importance	
8. Trade, profession, or particuler kind of work done, as SPINNER, Palicus SAWYER, BDDKKEEPER, etc	1 Farme	Careenoms	J Storugch.	Date of onset
kind of work done, as SPINNER, SAWYER, BDDIKKEEPER, etc. Industry or business my heich work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation month and	Harmer	purjocard	da,	Def 15/20
12. BIRTHPLACE (city or town) Wist of	otal time (yeers) spant in this occupation 35	Dther Contributory Causes of Importa	nce:	-
(Stata or country)				
13. NAME Aroderick John 14. BIRTHPLACE (city or town) Wash Dis	my .	502		
14. BIRTHPLACE (city or town)	Agrima	Name of operation	Date of	
	-181	Whet test confirmed diegnosis?		
16. BIRTHPLACE (city or town) Wish (Stete or country)	ry	23. If deeth wes due to externel ceuses Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in IN	Date of injury	, 19
18, BURIAL, CREMATION OF RESPONANT	vr 4 , 1935°	Menner of injury		
19. UNDERTAKER AND BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH	rhin	24. Wes disease or injury In any wey I	eleted to occupation of deceased?	and
20. FILED \$ 4 , 19 5 Uplu D	Rouns M. K.	(Signed) (Address)	wound	M. D.
	7			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstities and the DEC 5 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
	3 2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

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V. S. No. 1 m ż TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13160
County Executive Mariagornary Village or City Near Dickerson	Registration Dist. No. 3/3 No. Near Dickerson St., Ward
Length of residence in city or town where death occurred 40 vrs mos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME George Christopher Luhn	If U.S. Veteran specify WARNONE
(a) Residence: No. Near Dickerson (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE No. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH November 19th, 193.5. (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of Cor) WIFE of alece 6. Mc. Form	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) November 14,1856	Hast saw him aliva on Nov. 19 , 1935; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 12 P.m.
79 0 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Tarmer SAWYER, BDDKKEEPER, etc.	
SAWYER, BDDKKEEPER, etc. Tarmer	arterio-Selevatie Cardio -
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	vaccular renal disease 12/29/34
kind of work done, as SPINNER Tarmer SAWYER, BDDKKEEPER, etc. Tarmer Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and year) year) 11. Total time (years) spartin this occupation (conth and year)	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance:
13. NAME George C. Luhn	
13. NAME George C. Luhn 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Novel Date of Novel Name of operation Novel Nove
15. MAIDEN NAME Mary E. Sellman	What test confirmed diagnosis?
15. MAIDEN NAME Mary E. Sellman Maryland (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did Injury occur?
Mr. Wm. A. Luhn 17. INFDRMANT — Dickerson, Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAL	Manner of Injury
Place Monacacy Cem. Beall sville 11/221935	Nature of injury.
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Md.	24. Was disease or injury In any way related to occupation of deceased?
Aug 21 21 2 20 31 01 -	If so, specify thanks X. Coully Day

Registrar. ELV If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U.S. No. 1.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of coset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DEC 5 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		3		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	-WRITE-PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOXD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
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	RI	tion	ns
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STATE OF MARYLAND—CERTIFICATE OF D	JEAII
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	1. PLACE OF DEATH		(210000)	
	County Montgomer	y	Registration Dist. No. 2	3
	Village Or City Length of residence in city or town where de		NoSt.,death occurred in a hospital or institution, give its NAME instead of street andds. How long In U.S. If of foreign birth?yrsn	
	2. FULL NAME James & (a) Residence: No. Jathu	Magruder Star MARTA.	If U. S. Veteran, specify WAR	
-		(Usual place of abode)	If nonresident give city or town an	d State
-	PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3.	Male Blace	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF BEATH (Month) (Oay)	., 193U
5a	i. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	deceased from
7. NOIL	AGE Years Months 8. Trade, profession, or particular kind of work done, as SPINNER, January SAWYER, BOOKKEEPER, etc	Oays If LESS than 1 day, hrs. or min.	to heve occurred on the dete stated above, at	Date of onset
ous ou	year)	11. Total time (years) spent in this occupation	Other Contributory Causes of Importence:	
יים ביים	(State or country)			
ER	13. NAME Vy orace Mas	gruder		
FATH	14. BIRTHPLACE (city or town)	٠	Name of operation Oate of What test confirmed diagnosis? Was there an	2.
MOTHER MOTHER	15. MAIDEN NAME Light 16. BIRTHPLACE (city or town) (Stete or country) (INFORMANT LIS Magnum (Address)	Davis du Grothu	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and Str. Specify whether injury occurred in INDISTRY, in HOME, or in PUBLIC P	ng: 7 2 19 5 5 7 2 19 5 5
S	BURIAL CREMATION, OR REMOVAL	Date // 6 ,193V	Manner of Injury Struck to Skrill	moh
19	O. UNDERTAKER PARILLE & T. (Address) Roca (V)	ell mil	24. Was disease or injury in any way related to occupation of deceased?	m
20	D. FILED 11/6 , 1935' MM	Registrar.	(Signed) M. E. Smarth	md M.O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	114	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 5 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance: .		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

properly classified.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	1317
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SIAIL OF MANTENIED	CERTIFICATE OF BEATTH
1. PLACE OF DEATH	(107)
County Mougowery	Registration Dist. No. 2/6
Village or City Tuker Troald nea	No. Bethesda, Wid, St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME THAT WE KNOW	ey p. 1 1 2 1
(a) Residence: No River Road Neo	VSt. Sportes and Und
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4_COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH YOUR 18-
zmall Glask ruariod	(Month) (Day) (Year)
5a. If married, widowed; or divorced HUSBAND of	22. / HEREBY CERTIES, That I attended deceased from
(or) WIFE of William Up Runney	22. I HEREBY CERTIFY, That I attended deceased from
1/2/01/2/01/2/01/2/01/2/01/2/01/2/01/2/	Hast saw her alive on 400, 18 - 1935; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5222 m.
10 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
or min.	wera as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Ascession	Breezel Lagrange Horas
SAWYER, BOOKKEEPER, etc.	mourem parement was very
work was dona, as SILK MILL.	
0 10. Data deceased last worked at 11. Total time (years)	
this occupation month and 34935 spent in this Lead	
Plan Cates age	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Esta de la Mana
13. NAME Ivory le him	
I 100. 0.7	- Que
[14. BIRTHPLACE (city or town)] (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME DELLY QUEAT 16. BIRTHPLACE (city or town) Eller City (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
(State of country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT Derla Jones	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURTAL, CREMATION, OR REMOVAL (OR //)	
Place bashing for Date 18 1935	Manner of injury
7.01/100	Nature of Injury
19. UNDERTAKER WEINGTON	24. Was disease or Injury in any way related to occupation of deceased?
(Address) 1432 - How A. h. N. Control	- If so, specify
20. FILED / 1/8 , 19.3 / CB C (Perry M. C.	(Signed) M. D.
/ Registrar.	(Address) - V-5 addld a a - , ldd

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car GSST 9 070	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		0311072	
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-	state	UPA-
)	Jo m	plnoy	000
· pi	ite	S	Jo
5	D. Every	SICIANS	tatement
	RECOR	Y. PHY	Exact s
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
FOR B	IS A PE	stated E	properly
E .	HIS	be	pe
SERVE	NK-T1	plnods	it may
N RE	ING I	AGE	so that
RGI	UNFAL	upplied.	terms,
	WITH	efully s	in plain
	MINLY,	be car	EATH
	PIT E	should	OF L
.	WRITI	nation	CAUSE
		5	-

See instructions on back of certificate.

TION is very important.

17. INFORMANT . (Address)

19. UNDERTAKER

(Address)

œ.

V. S. No. 1

	OF MARYLAND-	CERTIFICATE OF DEATH 13172
County Non 9	mery	Registration Dist. No. 2/6
Length of residence in eitr or town whe 2. FULL NAME (a) Residence: No. 593,	re death occurred yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. If U.S. Veteran specify WAR. If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, ON DIYORCEDI (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary 6. DATE OF BIRTH (month, day, and year)	Heaf unknown 1881	22. I HEREBY CERTIFY, That t attended deceased from 1935, to Nor 4, 1935 I last saw h Lees alive on Nor 4 1935; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)	Hypertension chart
12. BIRTHPLACE (city or town)	spant in this occupation	Dther Contributory Causes of importance:
13. NAME Colliant 14. BIRTHPLACE (city or town) (State or country)	n heaf.	Name of operation. Date of
15. MAIDEN NAME Trans 16. BIRTHPLACE (city or town) (State or country)	ces Harfer	What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Date of injury. 19
17/INFORMANT SMANY	way	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

olf so, specify

(Signed)

(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 6 1985			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ACCEPTANCE OF THE PROPERTY OF THE PARTY OF T		36	

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9400
County Montagnies	Registration Dist. No.
Village Dr City Silver Strang	ND. 8 10 1 Grand Grand St., Ward death occurred in a hosbital or institution, give its NAME instead of lirect and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Oscas P	eter
(a) Residence: No. 8 10 Thank and a	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED WILDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rugite the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Grand Peter	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF DIDTH (10 vember 22, 19 33, to Morenbly 24, 19 35.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on
59 2 1 day,hrs.	to have occurred on the date stated above, at \$\int_{\text{-35.4}}\$-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	were as follows:
Kind of work done, as SPINNER, SOURCE Conference of the work wes done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupa	Olcute Myocarditis 6 mos. 6
9. Industry or business in which Watte Ready	William pertension 1931
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	angua feetive
10. Date deceased last worked at this occupation (month end year) spent in this occupation occupation.	<i>—</i>
P. O. 10	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
H 13. NAME MAGA O DATA	
I / WATER STATE	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many Burbara Wasala 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
1 (State of County)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MAN CA Man Platen (Address) & OT hards and Chathering	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jorest Chur Date 100 27, 1934	Nature of injury
19. UNDERTAKER Harrier & Pumphrey (Address) Rosewille Mis	24. Was disease or injury in any way related to occupation of deceased?
20. FILED WOR . 26 19 35 J.E. Willey & Roycher.	(Signed) M. D. (Address) 928 Stage and Shythman h
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	V. S. July5,1927	Peritonitis	3 days ago
Other contributory causes of importance	e:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onset Chronic Myacardilis 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury...... (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronie interstitial nephritis	01921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STA 1. PLACE OF DEATH	TE OF	MAR	YLAND—	CERTIFICATE OF DEATH 131	75
Mb.	soney			Registration Dist. No. 273	,
PORATE LIMITE OF	ma Pa		(1	No. 507 Carroll avaided and number of the street and number of the stre	Wai
Length of residence in city or	town where death	occurred_ /. 1	Z_yrsmos	ds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME W	Mean	T	Sabin	-	
(a) Residence: No. 50	7 0	(Usual place	ll aug	St., Ward. If nonresident give city or town and Stat	le
PERSONAL AND S	TATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR			RIED, WIDOWED, (write the word)	21. DATE OF DEATH	
Male Who	ie		reel	(Month) (Dey)	(Year)
5a. If merried, widowed, or divorced HUSBAND of				22, I HEREBY CERTIFY. That I attended dece	
(or Bertha	Sab	ine			1936
6. DATE OF BIRTH (month, day, and	war Q /4	1. 10		i last saw h / M alive on portration /4, 1935; de	,
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 1.15 P.m.	
12	2	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_ 178. Trade, profession, or particular	lar /		ormin.	were as follows:	ata of ons
8. Trade, profession, or particular kind of work done, as Sf SAWYER, BOOKKEEPER, 9. Industry or business in which work was done, as SILK SAW MILL, BANK, etc	INNER, Xas	Sylan			
9. Industry or business in which	:h	1			
work was done, as StLK SAW MILL, BANK, etc		1			
- 1 C time constrain (months an	nd .		t in this		
year)		l oceu	pation	Other Contributory Causes of mportance:	
12. BIRTHPLACE (city or town)	new	for	17 City	Hogma Olelans	
(State or country)	10 -1	7	-0 \		
13. NAME	len	-170	20mil		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	nel 1	e ;		Name of oparation Date of	
(State of country)	- 4	00	11/.	Whet test confirmed diegnosis? Was there an autor	psy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	sul,	Ph	John	23. If death was dua to external causes (VIOLENCE) fill in also tha following:	
16. BIRTHPLACE (city or town) _ (State or country)		1		Accident, suicide, or homicide? Date of injury	., 19
(State of country)	71	0//	•	Whera did injury occur?(Specify city or town, county and State)	
17. INFORMANT (Address)	- Car	490-	hal	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOV	VAL	A CALL		Manner of injury	
Place Wash	19 Co	ate No	V 16,1935	Nature of injury	
19. UNDERTAKER ZUZ	or Oh	resto	en Co	24. Was disease or injury in any way related to occupation of deceesed?	۵
20. FILEDUOVEY 193.	- 46	CX.	very	If so, specify (Signed) (Signed)	M
		X	Registrar.	(Address) 1.3. Corroll to Jahong	RY
	If more blank	ts are needed, a	Adress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1

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DEC 5 1995			
Other contributory causes of importance5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Moule comery Length of residence In city or town where death occurred ______yrs, _______ds. How long in U.S. if of foreign birth? _______mos. _____ds, 2. FULL NAME (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS

Days

5. SINGLE, MARRIED, WIDOWED.

11. Total time (years)
spent in this

occupation

OR DIVORCED (write the word)

If LESS than

1 dev.____hrs.

or____min.

Registration Dist. No.

If nonresident give city or town and State

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran, specify WAR_____

21. DATE OF DEATH nov. (Month) (Year) I HEREBY CERTIFY, That I attended deceased from nov. 4 1935 to Use 17 to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset

Other Contributory Causes of importance:

Name of operation What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_______ Date of injury_______19 Where did injury occur?

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury_____ 24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___.

BINDING

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DEATH

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3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

5a. If-married, widowed, or divorced HUSBAND of

6. DATE OF BIRTH (month, day, and year)

8. Trade, profession, or particular

9. Industry or business in which work was done, as SILK MILL,

this occupation (month end

10. Date deceased last worked et

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

13. NAME

19. UNDERTAKER (Address)

kind of work done, as SPINNER,

SAW MILL, BANK, etc.....

Years

(or) WIFE of

4. COLOR OR RACE

Months

SAWYER, BOOKKEEPER, etc.

THIS should supplied carefully

mation should be CAUSE LION

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
THE PERSON NAMED AND PROPERTY OF THE PERSON NAMED IN THE PERSON NA			

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46-0)
County Moulgomery	Registration Dist. No. 214
Village or City Trans Jasset Vark	No. Wavesly Scandaring St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
(a) Residence: No. May flower Hole (Usual place of abode)	St., Ward. Wash. D If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 22, 1935 (Month) (Day) (Yeer)
5) If married, widowad, or divorced HUSBAND of Cor) WIFE of Clory J. Saly brenner	22. I HEREBY CERTIFY, That I attended deceased from 1935 to 400 22.
6. DATE OF BIRTH (month, day, end year) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	I last saw here elive on 19.19.19.1935; daeth is seid
7. AGE Years Month's Days If LESS then	to have occurred on the data stated abova, et 5.30P.m.
64 11 21 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance ware es follows:
9 Trade profession or postiguitar	Carcinomic of tolon pato of onest they 1973
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) this occupation	
12. BIRTHPLACE (city or town) Clusage (Stete or country)	Other Contributory Causes of importance:
I 13. NAME renkerown Fich	
13. NAME renterious Field 14. BIRTHPLACE (city or town) A gods loels (State of country) Canada	Name of operation Aploration Date of July 1935 What test confirmed diagnosis? Sections Was there an autons of the section of t
15. MAIDEN NAME Emma Toll	What test confirmed diegnosis? Was there an autopsy? Was there an autopsy? 23. If death wes due to externel ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Grand Jold 16. BIRTHPLACE (city or town) January	Accident, suicide, or homicide? Deta of Injury 19
State or country)	Whare did injury occur?
17. INFORMANT albert J. Saly brenner (Address) May thur, Holey Wash JT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa todar Fill Date Man 75, 1935	Neture of Injury
19. UNDERTAKER My Pauben Pungthing (Address) Portevella matt	24. Was diseasa or injury In any way releted to occupation of decessed? 1400
20. FILED MON . 23, 19 35 Margaret C. Journal	(Signed) North Strucks M. D. (Address) 1726 Sup St. Workington De
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1-11		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

·=		0		1
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECARD. Every in	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement o		
r REC	Y. PH	Exact		3. 5a
MANENT	ACTL	assified.		5a
A PERM	ted EX	perly cl.	ificate.	6. 7.
HIS IS	be sta	be pro	of cert	TION
INK-T	Should	it may	on back	OCCUPATION
DING	. AGE	so that	uctions	12
UNFA	supplied	n terms,	TION is very important. See instructions on back of certificate.	MOTHER FATHER 5
WITH UN	refully	in plai	tant. S	THER
INLY	be ca	EATH	impor	MO
PL	pluo	F I	very	17
ITE	n sh	SE C	is	18
WRI	matio	CAU	TION	19
N. B		(1	20

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	84
County Montgomery	Registration Dist. No. 2/6
Village or City Cherry Chare (IF	No. 6605 Meadow fant, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U. S. if of foreign birth?
2. FULL NAME Manteomery Tee Sh.	efer (no) a beleron of any man)
(a) Residence: No. 6605 Meaabw Lane (Usual place of abode)	St., Ward. Chery Chase Ma If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, this word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cortha J. Shefer	22. I HEREBY CERTIFY, That I attanded deceased from 22. Vor. 27 1935
6. DATE OF BIRTH (month, day, and year) Aug 16, 1879	I last saw h and alive on Nov. 2.7 19 35; death to said
7. AGE Yoars Months Days If LESS than	to have occurred on the date stated above, at 6. 50 m.
55° 3 // 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trado profession or particular	Land he had been as to the second of the sec
SAWYER, BODKKEEPER, etc.	Not a case of encaphalities lathangical 1935
Industry or business in which work was dona, as SILK MILL,	Revision of cause of death based on histologia
SAW MILL, BANK, etc	examination of brain. Changed to pre-seriles
occupation (month and Amy 1935 spent in this 30 yrs	dementia (alzbeimers disease). Con 40
12. BIRTHPLACE (city or town) Patersburg Va (Stata or country) Washington DC	Other Contributory Causes of importance: Assertation Nov. 24
13. NAME Caster Barnberdt Shefer	
13. NAME Castar Barnhardt Shifir 14. BIRTHPLACE (city or town) Petersburg Va (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Amal Amatuwas there an autopsy? yes
15. MAIDEN NAME Margaret Rea	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, sulside, or homicide?
17. INFORMANT Walter Freeman (Address)	(Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Track Creek Corbate 1779, 1935	Manner of injury
19. UNDERTAKER John IT. Wright (Address) 1337-10 Th st. 78. W.	24. Was disease er injury in any way related to occupation of deceased?
20. FILED 1/29 , 193 J B Pliver, Regular	(Signed) Walter Fremer M. D. (Address) 1028 Com. fr. Wash De.
76 11 1.1 C	V Cl. I C. D. II. D. G. O. V.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Comband have a price of 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 6 1935	July 5,1927	Peritonitis	3 days ago
BYPE, U.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

nfor-	state	JPA.	\
Jo ma	plnoy	000	1
ery ite	NS S	int of	
D. Eve	SICIA	tateme	
ECON	PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ENT R	LIV.	ed. E	
MAN	XAC	classifi	
A PEI	ted E	perly	TION is very important. See instructions on back of certificate.
SI SI	e sta	e pro	f cert
TIII	ould b	may b	back o
INK	GE sh	hat it	no st
ADIN	d. A	s, so tl	ruction
UNE	supplie	terms	e inst
WITH	fully	n plair	nt. Se
NLY,	be care	ATH i	mporta
PLAI	pino	OF DE	very in
RITE	tion sh	USE	Si NC
BWRITE PLAINLY, WITH UNFADING INK-TIIIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CA	TIC
	/	-	1

STATE OF MARYLAND	CERTIFICATE OF DEATH	3179
1. PLACE OF DEATH		,
county mont gomery march	and Registration Dist. No. 2/6	?
Village or City Clevel Class	No. St.,	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and no	umber)
Length of residence in city or town where daeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	sds.
2. FULL NAME Henry Somemann	If U. S. Veteran, specify WAR 10	
(a) Residence: No. Cumhugs Lane Chery Chau	Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male white Surale)	november 20 (Month) (Day)	193.6
5a. If married, widowed, or divorced	(month) (Day)	(Tear)
HUSBAND of (or) WIFE of	22. HEREBY CERT FY, That I ettended d	leceased from
march 11 18/1	Was 2014 35	19 روح
6. DATE OF BIRTH (month, dey, and year) Nanch 16, 186/	to have occurred on the date stated above, at 7:32 Pam.	; daeth is said
1 day bas	The PRINCIPAL CAUSE OF DEATH and ralated ceuses of importence	
8 I I or min.	were as follows	Data of oneet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	or our construction of the	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month end		
10. Date deceesed last worked at this occupation (month end year)		
12. BIRTHPLACE (city or town) - manyland (State or country)	Other Contributory Rauses of Importance: Temmharage	11/20/33
N N		
E 0 a	Name of operation	
14. BIRTHPLACE (city or town) State or country)	Name of operetion	utonev?
15. MAIDEN NAME Rebecca Cox	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:	
15. MAIDEN NAME (Rebecca Cop 16. BIRTHPLACE (city or town) West Virginia (State or country)	Accident, suicide, or homicide? Dete of Injury	
Sel (Steta or country)	Where did injury occur?	
17. INFORMANT Mrs. alice R Esset Rester	(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, OREMATION, OR REMOVAL	Mannar of Injury	*****
Place / ash. S. Date ov 21, 1935	Nature of injury	
19 UNDERTAKER W. W. Chambers Co.	24. Was diseasa or injury in any way related to occupetion of deceased?	no
(Addrass) 1400 Chapiust n. W	If so, spacify	
20, FILED 11/21 1935 B. C. Perry m. of	(Signad) Di Ci flyruff	M. D.
Registrar.	(Address) - Old-Aledb - Ond	A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example 1		Example II	
The principal cause of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 6 1935	July5,1927	Peritonitis	3 days ago
	HISPAU V. S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	13180
FATH			

1. PLACE OF DEATH		(P2)	
County Munityonie	ry	Registration Dist. No.	2/2
Village or City) (In	death occurred in a hospital or institution, give its NAME instead of	St., Ward
Length of residence in city or town where death occurred	yrsmos	ds. How long in U.S. if of foreign birth? yrs.	ds.
2. FULL NAME (Patria	Celize	leth fally	
(a) Residence: No.	U	St., Ward.	
	lace of abode)	If nonresident give city o	
PERSONAL AND STATISTICAL PAR 8. SEX 4. COLOR OR RACE 5. SINGLE, N		21. DATE OF DEATH	EAIR
	MARRIED, WIDOWED, RCED (write the word)	but to bear to	154 , 193 5
ia. If married, widowed, or divorced		(mentin) (bay) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That Visited affection 19 10 hours	1 attended decaased from
5. DATE OF BIRTH (month, day, and yeer) Ruly / 2	1930	1 last saw h alive on	, 19; death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at 4 to 6 m.	
3 3	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	1
8. Trede, profession, or particular		luknown	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Sind in bed andder	ely
9. Industry or business in which work was done, as SILK MILL,		Probably Mousposte	ets
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9.Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occupation (month and	tal time (years)	accidental VI	11/15-1
this occupation (month and year)	stal time (years) spent in this occupation		
Boy L	had	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	A.3.		
13. NAME Lound Tally			
13. NAME AND A PARTIES OF TOWN OF THE PARTIES OF TOWN OF THE PARTIES OF TOWN OF THE PARTIES OF T		Name of operation	Date of
(Stete or country)	ng	Z. C.+ Mu	s there an autopsy? 20.
15. MAIDEN NAME Clara Luo	helt.	23. If death was due to external causes (VIOLENCE) fill in also the	
15. MAIDEN NAME		Accident, suicide, or homicide? Quellet Date of Inj	ury, 19
(State or country)		Where did injury occur? Out have the	4
17. INFORMANT Clara Lucker	15	Specify whether injury occurred in INDUSTRY, In HOME, or In	nty and State) PUBLIC PLACE.
(Address) Boydo M	<i>f</i>	In Rome	
18. BURIAL, CREMATION, OR REMOVAL	1/121 21	Manner of injury _ Red Covering lig	at and
Place Strip Date Date	1933	Nature of injury Child Daffor all	(
19. UNDERTAKER / BATH	2	24. Was disease or Injury In any way related to occupation of de	ceased? /4
	/ / //	1	
(Address)	mi	If so, specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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		Example II	
uses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
1	July 5,1927	Peritonitis	3 days ago
	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

This child went to ved apparently well-mother numed
the and I suffer alied dead beside her at 60.11.
dead . There had be tobrdence of carry texternal substitutel
Mex housemed

V. S. No. 1 N. B.—I TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Moulgomery	Begistration Dist. No. 27
Village or City Olkey, and,	he No. Nocetta, Co. Hearl Hospital Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	s. 14 ds. How long in U.S. If of foreign birth?ds.
2. FULL NAME Thomas Walker	If U. S. Veteran, specify WAR
(a) Residence: No. Saudy Spring m	Zeft Ward.
(Usual place of above)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 1/ A (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 22 1899	I last saw have alive on November 10-1935; death is sain
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 5
36 3 /9 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Unmonary
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10: Date deceased last worked at this occupation (month and	of f
SAW MILL, BANK, etc	Sulcoculoses mity
this occupation (month and spent in this occupation occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Mary Parel	-
13. NAME Phoneseus 11/00 kess	
E	Name of operation Date of
[State or country] Mary land	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Boccel	23. If death was due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Trang Social 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country) Maryland	Where did Injury occur?
17. INFORMANT Oxaspital records (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place - Carrely - Al Dateg	Nature of injury
19. UNDERTAKER GOT AMORALMA (Address)	24. Was disease or injury in any way related to occupation of deceased? 720
20. FILED Nor 13 , 1935. C. S. Barroley	(Signed) Saudy Spring Deck
If more blanks are needed, address plate Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
/ SY		
Q. 93.		
10.	Other contributory causes of importance:	1 × 50
May 1,1923	Gastroenteritis	1 year
195		
135		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,4927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	9	1		()
1	3	1	0	0

1. PLACE OF DEATH	92-2
County Montgomers	Registration Dist. No. 2/3
Village or City wors Thear Rock	ereno St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah ann N	Inslow
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH
7 Colored OR DIVORCED (write tha word) Widowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Modow unknown	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) about 1858	last saw h
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
A Trade profession or particular	Chromis Valvedair Data of onest
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (months and the company of	Aflant anduil
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Sines fool (State or country)	Dther Coatribatory Causes of importance:
13. NAME Henry De Borge 14. BIRTHPLACE (city or town) Houselone	
14. BIRTHPLACE (city or town) Houselose	Name of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Jarahy Com Dirocce	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) which on England	Accident, sulcide, or homicide? Date of injury, 19
(State or country) leity	Whara did injury occur?
17. INFORMANT Millie E. Wallser daughte	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Strucky April pate Nov. 22, 1935	Nature of injury
19. UNDERTAKER LEGALISTICAL (Address)	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED Nov 22, 19 35 , C. S. Bausly	(Signed) The Association M. D. (Address) Research M. D.
Peginvar.	(Audiess)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis DEC 7 1985	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year